

INVENTORY OF INJECTION WELLS UNITED STATES ENVIRONMENTAL PROTECTION AGENCY OFFICE OF GROUND WATER AND DRINKING WATER <small>(This information is collected under the authority of the Safe Drinking Water Act)</small>					1. DATE PREPARED <i>(Year, Month, Day)</i> <div style="border: 1px solid black; padding: 5px; text-align: center;">15-07-27</div>		2. FACILITY ID NUMBER <div style="border: 1px solid black; padding: 5px; text-align: center;">WAD607700478</div>													
PAPERWORK REDUCTION ACT NOTICE <small>The public reporting burden for this collection of information is estimated at about 0.5 hour per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, 2136, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460, and to the Office of Management and Budget, Paperwork Reduction Project, Washington, DC 20503.</small>					3. TRANSACTION TYPE <i>(Please mark one of the following)</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Deletion <input type="checkbox"/> Entry Change </div> <div> <input checked="" type="checkbox"/> First Time Entry <input type="checkbox"/> Replacement </div> </div>															
4. FACILITY NAME AND LOCATION																				
A. NAME <i>(last, first, and middle initial)</i> <div style="border: 1px solid black; padding: 5px;">Cowlitz Reservation Development</div>		C. LATITUDE <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th>DEG</th> <th>MIN</th> <th>SEC</th> </tr> <tr> <td>45</td> <td>51</td> <td>06.6384</td> </tr> </table>		DEG	MIN	SEC	45	51	06.6384	E. TOWNSHIP/RANGE <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th>TOWNSHIP</th> <th>RANGE</th> <th>SECT</th> <th>1/4 SECT</th> </tr> <tr> <td>T4N</td> <td>R1E</td> <td>8</td> <td>NE</td> </tr> </table>			TOWNSHIP	RANGE	SECT	1/4 SECT	T4N	R1E	8	NE
DEG	MIN	SEC																		
45	51	06.6384																		
TOWNSHIP	RANGE	SECT	1/4 SECT																	
T4N	R1E	8	NE																	
B. STREET ADDRESS/ROUTE NUMBER <div style="border: 1px solid black; padding: 5px;">3600 NW 319th Street</div>		D. LONGITUDE <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th>DEG</th> <th>MIN</th> <th>SEC</th> </tr> <tr> <td>122</td> <td>42</td> <td>31.4964</td> </tr> </table>		DEG	MIN	SEC	122	42	31.4964	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td colspan="2">I. NUMERIC COUNTY CODE</td> <td>132</td> </tr> </table>			I. NUMERIC COUNTY CODE		132					
DEG	MIN	SEC																		
122	42	31.4964																		
I. NUMERIC COUNTY CODE		132																		
F. CITY/TOWN <div style="border: 1px solid black; padding: 5px;">Ridgefield</div>	G. STATE <div style="border: 1px solid black; padding: 5px;">WA</div>	H. ZIP CODE <div style="border: 1px solid black; padding: 5px;">98642</div>	J. INDIAN LAND <i>(mark "x")</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																	
5. LEGAL CONTACT:																				
A. TYPE <i>(mark "x")</i> <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator		B. NAME <i>(last, first, and middle initial)</i> <div style="border: 1px solid black; padding: 5px;">Iyall, William, B. - Chairman Cowlitz Tribe</div>			C. PHONE <i>(area code and number)</i> <div style="border: 1px solid black; padding: 5px;">(253) 677-4833</div>															
D. ORGANIZATION <div style="border: 1px solid black; padding: 5px;">Cowlitz Indian Tribe</div>		E. STREET/P.O. BOX <div style="border: 1px solid black; padding: 5px;">1055 9th Ave. Suite B</div>		I. OWNERSHIP <i>(mark "x")</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> PRIVATE <input type="checkbox"/> STATE </div> <div> <input type="checkbox"/> PUBLIC <input type="checkbox"/> FEDERAL </div> <div> <input checked="" type="checkbox"/> SPECIFY OTHER <div style="border: 1px solid black; padding: 2px; width: 100px;">Tribal</div> </div> </div>																
F. CITY/TOWN <div style="border: 1px solid black; padding: 5px;">Longview</div>		G. STATE <div style="border: 1px solid black; padding: 5px;">WA</div>	H. ZIP CODE <div style="border: 1px solid black; padding: 5px;">98632</div>																	
6. WELL INFORMATION:																				
A. CLASS AND TYPE		B. NUMBER OF WELLS		C. TOTAL NUMBER OF WELLS	D. WELL OPERATION STATUS			COMMENTS <i>(Optional):</i> <div style="border: 1px solid black; padding: 5px;"> A series of 11 individual vados zone wells used as a single (1) Class V injection well system, to inject reclaimed water on Tribal Trust Land for the Cowlitz Reservation Development as shown on the attached Sheet C16. The injection system is located in the NE 1/4 of Section 8 and the SE 1/4 of Section 5. The well field will receive an initial flow of 200,000 gallons per day average daily flow and up to 400,000 gallons per day average daily flow upon buildout of the Reservation Development </div>												
		COMM	NON-COMM		UC	AC	TA	PA	AN											
V	D	1		1	1															
				0																
				0																
				0																
				0																
				0																
				0																
KEY: <div style="display: flex; justify-content: space-between;"> <div> DEG = Degree MIN = Minute SEC = Second SECT = Section 1/4 SECT = Quarter Section </div> <div> COMM = Commercial NON-COMM = Non-Commercial AC = Active UC = Under Construction TA = Temporarily Abandoned PA = Permanently Abandoned and Approved by State AN = Permanently Abandoned and not Approved by State </div> </div>																				

SECTION 1. DATE PREPARED: Enter date in order of year, month, and day.

SECTION 2. FACILITY ID NUMBER: In the first two spaces, insert the appropriate U.S. Postal Service State Code. In the third space, insert one of the following one letter alphabetic identifiers:

- D - DUNS Number,
- G - GSA Number, or
- S - State Facility Number.

In the remaining spaces, insert the appropriate nine digit DUNS, GSA, or State Facility Number. For example, A Federal facility (GSA - 123456789) located in Virginia would be entered as : VAG123456789.

SECTION 3. TRANSACTION TYPE: Place an "x" in the applicable box. See below for further instructions.

Deletion. Fill in the Facility ID Number.

First Time Entry. Fill in all the appropriate information.

Entry Change. Fill in the Facility ID Number and the information that has changed.

Replacement.

SECTION 4. FACILITY NAME AND LOCATION:

- A. Name.** Fill in the facility's official or legal name.
- B. Street Address.** Self Explanatory.
- C. Latitude.** Enter the facility's latitude (all latitudes assume North Except for American Samoa).
- D. Longitude.** Enter the facility's longitude (all longitudes assume West except Guam).
- E. Township/Range.** Fill in the complete township and range. The first 3 spaces are numerical and the fourth is a letter (N,S,E,W) specifying a compass direction. A township is North or South of the baseline, and a range is East or West of the principal meridian (e.g., 132N, 343W).
- F. City/Town.** Self Explanatory.
- G. State.** Insert the U.S. Postal Service State abbreviation.
- H. Zip Code.** Insert the five digit zip code plus any extension.

SECTION 4. FACILITY NAME & LOCATION (CONT'D.):

- I. Numeric County Code.** Insert the numeric county code from the Federal Information Processing Standards Publication (FIPS Pub 6-1) June 15, 1970, U.S. Department of Commerce, National Bureau of Standards. For Alaska, use the Census Division Code developed by the U.S. Census Bureau.
- J. Indian Land.** Mark an "x" in the appropriate box (Yes or No) to indicate if the facility is located on Indian land.

SECTION 5. LEGAL CONTACT:

- A. Type.** Mark an "x" in the appropriate box to indicate the type of legal contact (Owner or Operator). For wells operated by lease, the operator is the legal contact.
- B. Name.** Self Explanatory.
- C. Phone.** Self Explanatory.
- D. Organization.** If the legal contact is an individual, give the name of the business organization to expedite mail distribution.
- E. Street/P.O. Box.** Self Explanatory.
- F. City/Town.** Self Explanatory.
- G. State.** Insert the U.S. Postal Service State abbreviation.
- H. Zip Code.** Insert the five digit zip code plus any extension.
- I. Ownership.** Place an "x" in the appropriate box to indicate ownership status.

SECTION 6. WELL INFORMATION:

- A. Class and Type.** Fill in the Class and Type of injection wells located at the listed facility. Use the most pertinent code (specified below) to accurately describe each type of injection well. For example, 2R for a Class II Enhanced Recovery Well, or 3M for a Class III Solution Mining Well, etc.
- B. Number of Commercial and Non-Commercial Wells.** Enter the total number of commercial and non-commercial wells for each Class/Type, as applicable.
- C. Total Number of Wells.** Enter the total number of injection wells for each specified Class/Type.
- D. Well Operation Status.** Enter the number of wells for each Class/Type under each operation status (see key on other side).

CLASS I Industrial, Municipal, and Radioactive Waste Disposal Wells used to inject waste below the lowermost Underground Source of Drinking Water (USDW).

- | | | |
|-------------|-----------|---|
| TYPE | 1I | Non-Hazardous Industrial Disposal Well. |
| | 1M | Non-Hazardous Municipal Disposal Well. |
| | 1H | Hazardous Waste Disposal Well injecting below the lowermost USDW. |
| | 1R | Radioactive Waste Disposal Well. |
| | 1X | Other Class I Wells. |

CLASS II Oil and Gas Production and Storage Related Injection Wells.

- | | | |
|-------------|-----------|-------------------------------|
| TYPE | 2A | Annular Disposal Well. |
| | 2D | Produced Fluid Disposal Well. |
| | 2H | Hydrocarbon Storage Well. |
| | 2R | Enhanced Recovery Well. |
| | 2X | Other Class II Wells. |

CLASS III Special Process Injection Wells.

- | | | |
|-------------|-----------|-----------------------------------|
| TYPE | 3G | <i>In Situ</i> Gassification Well |
| | 3M | Solution Mining Well. |

CLASS III (CONT'D.)

- | | | |
|-------------|-----------|---------------------------------------|
| TYPE | 3S | Sulfur Mining Well by Frasch Process. |
| | 3T | Geothermal Well. |
| | 3U | Uranium Mining Well. |
| | 3X | Other Class III Wells. |

CLASS IV Wells that inject hazardous waste into/above USDWs.

- | | | |
|-------------|-----------|--|
| TYPE | 4H | Hazardous Facility Injection Well. |
| | 4R | Remediation Well at RCRA or CERCLA site. |

CLASS V Any Underground Injection Well not included in Classes I through IV.

- | | | |
|-------------|-----------|---------------------------------|
| TYPE | 5A | Industrial Well. |
| | 5B | Beneficial Use Well. |
| | 5C | Fluid Return Well. |
| | 5D | Sewage Treatment Effluent Well. |
| | 5E | Cesspools (non-domestic). |
| | 5F | Septic Systems. |
| | 5G | Experimental Technology Well. |
| | 5H | Drainage Well. |
| | 5I | Mine Backfill Well. |
| | 5J | Waste Discharge Well. |

PAPERWORK REDUCTION ACT The public reporting and record keeping burden for this collection of information is estimated to average 0.5 hours per response. Burden means the total time, effort, or financial resource expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal Agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to the collection of information; search data sources; complete and review the collection of information; and, transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques to Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822), 1200 Pennsylvania Ave., NW., Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed forms to this address.